



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/666,163
Filing Date	September 19, 2003
First Named Inventor	Apparatus and Method For Removing a Removable
Art Unit	3732
Examiner Name	Ralph A. Lewis
Attorney Docket Number	NIC043-230540PT1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Acknowledgement Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wolf, Block, Schorr and Solis-Cohen LLP		
Signature			
Printed name	Brian L. Belles		
Date	September 28, 2005	Reg. No.	51,322

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Certificate of Express Mail Under 37 CFR 1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service Express Mail under 37 CFR 1.10 on the date indicated below and is addressed to:

Mail Stop PCT
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 28, 2005 EL970111612US
Date Express Mail Label

Brian L. Belles

Wolf, Block, Schorr and Solis-Cohen LLP
1650 Arch Street
22nd Floor
Philadelphia, PA 19103

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Enclosed are the following items for APPARATUS AND METHOD FOR REMOVING A REMOVABLE TOOTH POSITIONING APPLIANCE FROM THE TEETH OF A PATIENT- ATTORNEY DOCKET NO. NIC043-230540PT1:

EXPRESS MAIL CERTIFICATE; TRANSMITTAL FORM; AMENDMENT IN RESPONSE TO JULY 5, 2005 OFFICE ACTION; AFFIDAVIT OF DR. ORHAN C. TUNCAY D.M.D.; AFFIDAVIT OF DR. WM. RANDOL WOMACK, D.D.S.; AFFIDAVIT OF DANN SCHWARTZ; AND ACKNOWLEDGEMENT POSTCARD.